

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 576867

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1	4		4		
6						
7	1					
8	1					
9	1					
10	1	4		4		
11	1	4		4		
12	1	4		4		
13	1	1		1		
14	1					
15	1					
16						
17						
18	1	4		4		
19	1					
20	1					
21						
22						
23	1	4		4		
24	1	1		1		
25	1	1		1		
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48						
49						
50						
TOTAL IND.			16			
TOTAL DEP.		2				
TOTAL CLAIMS		37				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						